

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

STEPHANIE LYNN FORD,

Plaintiff,

v.

CHRISTIANA CARE HEALTH
SYSTEMS, RICHARD BURTON, and
CLARA CLARK,

Defendants,

Civil Action No. 06-301 (KAJ)

FILED
CLERK U.S. DISTRICT COURT
DISTRICT OF DELAWARE
2006 OCT -2 AM 8:35

PLAINTIFFS' ANSWER TO FIRST SET OF INTERROGATORIES

I the Plaintiff, STEPHANIE LYNN FORD HAVE ATTACHED THE COMPLETED
INTERROGATORIES AND ALL THE NECESSARY DOCUMENTS.

STEPHANIE LYNN FORD
Stephanie L. Ford
19 ALBANY AVE.
NEWCASTLE, DELAWARE 19720

FOR EMPLOYMENT LITIGATION ONLY

**AUTHORIZATION FOR MORGAN, LEWIS & BOCKIUS, LLP
TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION**

I, Stephanie Lynn Ford, authorize Ross M. Ufberg, M.D. (the "Covered Health Care Provider") to disclose protected health information ("PHI") about me as described below:

1. The information to be disclosed is all medical records from September 1998 – June 2006 regarding Stephanie Lynn Ford's physical or mental health, including, but not limited to: office records; records of counseling, therapy, treatment or prescriptions; medical or psychological diagnoses and prognoses; doctors' clinical or nurses' notes; doctors' orders; physical therapy records; out-patient records; billing records; summaries of records; or abstracts of records.
2. The Covered Health Care Provider may disclose the above-described information to Kendra L. Baisinger, Esquire, Thomas S. Bloom, Esquire, and Michael J. Ossip, Esquire, of Morgan, Lewis & Bockius, LLP, 1701 Market Street, Philadelphia, PA 19103.
3. This disclosure is made for the following purposes: at the request of the individual in connection with employment litigation with Christiana Care Health Systems.
4. I understand that I have the right to revoke this authorization in writing at any time by sending a letter to Kendra L. Baisinger, Esquire, Morgan, Lewis & Bockius, LLP, 1701 Market Street, Philadelphia, PA 19103, and that the effective date of my revocation will be the date that Ms. Baisinger receives it. I further understand that any revocation will be effective only to the extent that the Covered Health Care Provider has not already taken action in reliance on this authorization.
5. This Authorization shall expire at the conclusion of the employment litigation.

STEPHANIE L. FORD
Printed Name (of person giving authorization)

Stephanie L. Ford
Signature of person giving authorization

10/2/06
Date

Name of personal representative (if applicable)

Relationship to person giving authorization

Date

Description of representative's authority to act for the individual

FOR EMPLOYMENT LITIGATION ONLY

**AUTHORIZATION FOR MORGAN, LEWIS & BOCKIUS, LLP
TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION**

I, Stephanie Lynn Ford, authorize Christiana Care Health Services (the "Covered Health Care Provider") to disclose protected health information ("PHI") about me as described below:

1. The information to be disclosed is all medical records from September 1998 – June 2006 regarding Stephanie Lynn Ford's physical or mental health, including, but not limited to: office records; records of counseling, therapy, treatment or prescriptions; medical or psychological diagnoses and prognoses; doctors' clinical or nurses' notes; doctors' orders; physical therapy records; out-patient records; billing records; summaries of records; or abstracts of records.
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5. This Authorization shall expire at the conclusion of the employment litigation.

STEPHANIE L. FORD

Printed Name (of person giving authorization)

Stephanie L. Ford

Signature of person giving authorization

10/2/06

Date

Name of personal representative (if applicable)

Relationship to person giving authorization

Date

Description of representative's authority to act for the individual

Interrogatory No. 1.

I the Plaintiff, will be obtaining a written statement concerning the facts of this case from Dr. Ross M. Ufberg M.D. 1021 Gilpin Avenue Suite 101 Wilmington, Delaware 19806.

Interrogatory No. 2.

I plan to call Mr. Lawrence A. Ramunno Attorney -At-Law 903 N. French Street Wilmington, Delaware 19801-3371, to testify at trial. I retained Mr. Ramunno on October 31, 2003 for the October 27, 2003 automobile accident that's pertaining to this civil action lawsuit against the defendants Christiana Care Health Systems, Richard Burton, and Clara Clark.

Interrogatory No. 3.

Interrogatory No. 4.

I the Plaintiff, Stephanie Lynn Ford am seeking monetary damages in the amount of \$ 100,000 dollars for PAIN AND SUFFERING, MENTAL ANGUISH, LOSS PENSION BENEFITS AND RETIREMENT BENEFITS, LOSS MEDICAL BENEFITS, WRONGFUL TERMINATION OF EMPLOYMENT, LOSS DENTAL INSURANCE BENEFITS, LOSS 75,000 DOLLAR LIFE INSURANCE POLICY, LOSS LONG TERM DISABILITY INSURANCE BENEFITS, LOSS PERSONAL ACCIDENT INSURANCE BENEFITS, LOSS 401K PLAN BENEFITS , WAS FORCED CASH OUT ON PLAN TO PAY MORTGAGE, I THE PLAINTIFF, Am requesting LOSS WAGES WITH INTEREST, PLUS COURT COST, AND ATTORNEY FEES, AND PENSION PLAN REINSTATED.

I the Plaintiff, am calculating the damages on pain and suffering, mental anguish, punitive damages, Unlawful violation of the Family Medical Leave Act of 1993, (FMLA) In violation of the Disability Discrimination Law Act, In violation of the Fair Employment Practice Law Act, In violation of Title 18 Section 2301 To 2318 Section 502 , ERISA, 29 U.S.C. 1132.

Interrogatory No. 5.

STATE OF DELAWARE
Christina School District
540 S. Dupont Hwy. Suite 3
Dover, Delaware 19901
Date of Hire -October 18, 2004 To Present
Wages start \$ 7.00 per hour Present \$ 10.00 per hour

Colonial Security Service 2nd Job
2020 Duncan Road
Wilmington, Delaware 19808
Date of Hire- 2005 to Present
Wages start \$ 8.50 per hour Present \$ 9.00 per hour

St. Francis Hospital
7th And Clayton Street
Wilmington, Delaware 19805
Date of Hire- September 8, 2004 To February 18, 2005
Wages start \$9.17 per hour To End \$ 9.17 per hour

Allied Security Company
3606 Horizon Drive
King of Prussia PA. 19406
Date of Hire- July 15, 2004 To September 10, 2004
Wages start \$8.75 per hour To End \$8.75 per hour

Delaware Department Of Labor
Unemployment Compensation
P.O. Box 9951
4425 North Market Street
Wilmington, Delaware 19809-0951
Date Benefits Begin April 18, 2004 End April 17, 2005
Wages start \$330.00 per week

I receive Disability Benefits in the amount of \$457.47 every 15th
Of the month for my daughter Adrian Lynn Ford for her special needs.

Interrogatory No. 6.

State Of Delaware
Christina School District
540 S. Dupont Hwy. Suite 3
Dover, Delaware 19901
Date of Hire-October 18,2004 To Present
Wages start \$7.00 per hour To Present wages \$10.00 per hour

On this job for the State of Delaware, I receive medical insurance benefits,
Life insurance benefits, Dental insurance benefits, and Pension plan.
I the plaintiff, have been without medical insurance from April 30, 2003 to October 18, 2004.

Interrogatory No. 7.

- (a) I the Plaintiff, applied for employment at Christiana Care Systems, State of Delaware /Correctional Officer, A .I. Dupont Hospital /Medical Records Clerk, Stratus Service Group, Bennett Security Service Allied Security Service, Westoff Temporary service, and St. Francis Hospital, Christina School District, Colonial Security Service.
- (b) The specific dates applications were made with Christiana Care Health Systems from May 18, 2004 To July 9, 2004 PLEASE SEE INTENSIVE JOB SEARCH LOG SHEETS, Correctional Officer June 12,2004, A.I. Dupont Hospital June 15, 2004, Stratus Service Group July 7, 2004, Bennett Service July 7, 2004, Allied Security Service July 8, 2004, Westoff Temporary Service July 8, 2004, St. Francis Hospital September 8, 2004, Christina School District October 18, 2004, Colonial Security Service date,2005.
- (c) I the Plaintiff, Stephanie Lynn Ford initially inquired about employment from the above employers By calling via-telephone for employment and going to the companies and putting employment Applications, and making follow -up phones to all of the above employers.
- (d) The subsequent Steps for Employment - On July 15, 2004 I attend a two day security fire and safety

Class with Allied Security Service, On September 14, 2004, I attended the general hospital Orientation from 8:00AM to 4:30PM with St. Francis Hospital. I successfully passed the Correctional Officer requirement Test, On March 13, 2006, I attended the Benefits Enrollment Meeting at the Christina School District, In the year of 2005, I attended a security orientation Session with Colonial Security Service.

- (e) Christina School District bi-weekly payment \$ 873.42, annual salary \$22,709.00., estimated Value of Life Insurance Policy \$ 70,000 , I am unsure of the value of Medical Insurance Benefits, Deferred Compensation (457) plan is valued at \$290.00.
- (f) Please see attached Christina School District Salary Update Memorandum and ALL EMPLOYMENT PAY STUBS.
I am a part time college student majoring in Dental Hygiene at Delaware Technical Community College, Begin - Year 2002, To Present.

Interrogatory NO. 8.

Steven & Lee
Mr. Walter P. McEvilly Jr.
Unum Life Insurance Company
Of America 1105 North Market Street 7th Floor
Wilmington, Delaware 19801

I the Plaintiff, Stephanie Lynn Ford believe Unum Life Insurance Company Of America has Knowledge of this case concerning my complaint, Unum Life Insurance Company Of America Denied and Canceled my Long Term Disability Benefits, \$75, 000 dollars Life Insurance Policy. I the Plaintiff, became aware of their knowledge when I applied for long term disability while working At Christiana Care Health Systems.

Interrogatory NO. 9.

I the Plaintiff received treatment from the Wilmington Pain & Rehabilitation Center
Dr. Ross M. Ufberg M.D. 1021 Gilpin Avenue Suite 101 Wilmington, Delaware 19806
Nature of Treatment , Neck , Back and Rib Pain.

Interrogatory NO. 10.

- (a) Dr. Ross M. Ufberg
1st visit 10-30-03
Last visit 12-22-04
- (b) Medical Care Provided by
Dr. Ross M. Ufberg

Re-evaluations w/ Dr. Ufberg
Out patient Therapy
Use of cervical pillow
Medications
Temporary Total Disability
Home stretching exercises
MRI study of cervical spine
Home therapeutic exercise
Motrin 600mg
Flexeril 5mg
Tylenol 500mg

Bextra 10mg
Samples of vioxx 12.5mg

(c) Out Patient Therapy

1st Therapy visit 11-3-03
Last Therapy visit 10-1-04
Wilmington Pain & Rehabilitation Center
Dr. Ross M. Ufberg
1021 Gilpin Avenue Suite 101
Wilmington, Delaware 19806

(d) Medical Health Care Provider

Dr. Ross M. Ufberg M.D.
Restriction were in effect 10-30-03 to 6-14-04
Please see attached Disability Certificates.

Interrogatory NO. 11.

I the Plaintiff, Stephanie Lynn Ford have a Civil Action against the Defendant, Unum Life Insurance Company Of America which pertains to this case. Steven & Lee Mr. Walter P. McEvilly Jr.
Lead Attorney 1105 North Market Street 7th Floor , Wilmington, Delaware 19801
Civil Action No. 05-118 (KAJ)

Interrogatory NO. 12.

On April 13, 2004 , I the Plaintiff, Stephanie Lynn Ford was released by Dr. Ross M. Ufberg
To return to work at Christiana Care Health Systems due to a Hit & Run automobile accident
On October 27,2003, Please see attached Disability Certificates.

Interrogatory NO. 13.

On April 13, 2004 , I the Plaintiff, Stephanie Lynn Ford was instructed by the Christiana Care Health Systems, Human Resourse Department to go to the employee health department to be clear by their Nurse, which I did , and then I was assigned to Job Recruiter Mr. Richard Burton for job placement .
Please see Employee Health Service Referral dated April 13, 2004.

Interrogatory NO. 14.

Mr. Benjamin Shaw
Christiana Care Health Systems
Director Of Human Resourses Department
P.O. Box 6001
Newark, Delaware 19718

Around October 17, 2004 I received a phone call from Mr. Shaw in response to the letter, I sent to Dr. Robert Laskowski in reference to the consideration of Denial of my Long Term Disability Benefits from Unum Life Insurance Company Of America, related to Injuries and Employment Status, I specifically explain to Mr. Shaw about being out on sick leave and the statement Mr. Richard Burton quoted as saying "FIND OTHER EMPLOYMENT AT ANOTHER CORPORATION" and Mr. Shaw agreed that Mr. Burton should not have made that statement, he also asked, If I had job and Were working and I responded yes but it's a temporary casual position at St. Francis Hospital , He also mention briefly about Unum Life Insurance Company Of America and that he look into The matter end of via-phone conversation.

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

STEPHANIE LYNN FORD,)	
)	
Plaintiff,)	
)	
v.)	Civil Action No. 06-301-KAJ
)	
CHRISTIANA CARE HEALTH)	
SYSTEMS, RICHARD BURTON, and)	
CLARA CLARK,)	
)	
Defendants.)	

**DEFENDANTS' FIRST SET OF INTERROGATORIES
DIRECTED TO PLAINTIFF**

Defendants Christiana Care Health Care Systems ("Christiana Care"), Richard Burton, and Clare Clark, improperly named as Clara Clark ("Defendants"), by and through their attorneys, Morgan, Lewis & Bockius LLP and Morris, James, Hitchens & Williams LLP, hereby propound the following interrogatories upon Plaintiff Stephanie Ford to be answered in writing within thirty (30) days of the date of service hereof in accordance with Rule 33 of the Federal Rules of Civil Procedure.

INSTRUCTIONS

A. "Document" or "documents" means any written, recorded, filmed or graphic matter, whether produced, reproduced, or on paper, cards, tapes, films, electronic facsimile, E-mail, computer storage devices or any other media, including but not limited to memoranda, notes, minutes, records, photographs, correspondence, telegrams, diaries, bookkeeper entries, financial statements, tax returns, checks, check stubs, reports, studies, responses to questionnaires, charts, graphs, statements, notebooks, handwritten notes, applications, agreements, books, pamphlets, periodicals, appointment calendars, notes,

records, and recordings of oral conversations, work papers, and also including but not limited to, originals and all copies which are different in any way from the original whether by interlineation, receipt stamp, notation, indication of copies sent or received, or otherwise, and drafts.

B. The term “communication” means the transmission of any information, in any form, including but not limited to orally, in writing, by conduct, by gesture, by electronic or computerized transmission, whether communicated intentionally and/or knowingly or not, and specifically includes but is not limited to all conversations, meetings, telephone calls, tape recordings of telephone calls, facsimiles, letters, emails and writings of any kind.

C. A request that you “describe in detail” or identify “the factual basis” of a matter means that you must describe that matter fully, by reference to underlying specific facts and specific times, places, people and actions.

D. The term “identify” when used with reference to an individual person, business or other entity shall mean to state its full name (or if not known, provide sufficient description so that the person, business or other entity will be identifiable to the recipients of your answer), business affiliation, and last known business or home address and phone number.

E. In answering the interrogatories, you must furnish all information that is available to you, including information in the possession of your attorneys, healthcare providers and/or any other person or entity subject to your direction or control. If, after exercising due diligence, you cannot answer an interrogatory in full, state that fact and answer to the extent possible.

F. If you need additional space to respond to any interrogatory, you may attach additional pages as necessary, provided however that you must clearly identify the particular interrogatory to which the additional pages respond.

G. If you claim any form of privilege or other protection from disclosure as a ground for withholding responsive information, set forth each and every fact or basis on which you claim a privilege with sufficient specificity to permit the court to make a determination as to whether the claim of privilege is valid.

H. The interrogatories are continuing in nature and you have an affirmative obligation to promptly supplement your responses as required by any new or changed information. You must produce all responsive information and documents as soon as they become known or available to you, and in all events prior to trial of this action.

INTERROGATORIES

Interrogatory No. 1. Identify each person from whom you have obtained or will obtain a written statement concerning the facts of this case.

Interrogatory No. 2. Identify each expert you have reason to believe you will call to testify at trial, and as to each such expert provide the information required by Rule 26(a)(3).

Interrogatory No. 3. Identify each consulting expert you have retained in this action who you do not intend to call to testify at trial, and for each such expert identify the individual's professional area of expertise and the date on which you first retained him or her.

Interrogatory No. 4. Describe in detail the types and amounts of all damages you are seeking in your complaint, and set forth the calculation of damages that you are seeking in this case, and detail the manner in which you calculated such damages.

Interrogatory No. 5. Beginning on April 13, 2004 and continuing until the present, provide the source and amount of any income you received, including but not limited to worker's compensation, unemployment compensation, social security or similar payments or benefits, or disability payments, and with respect to each source of income provide the inclusive dates on which you received the stated income.

Interrogatory No. 6. Beginning on April 13, 2004 and continuing until the present, identify the source and total monetary value of each type and amount of any fringe benefit (including but not limited to, disability payments, salary continuances, severance payments, medical insurance, life insurance, profit sharing claim, etc.) which was made available to you at each place of employment.

Interrogatory No. 7. Beginning on April 13, 2004 and continuing until the present, describe in detail each and every attempt you made to find employment or to pursue education, training or other alternatives. For each such attempt to find employment:

- (a) identify the employer to whom you made application for employment, formally or informally;
- (b) set forth the specific date(s) such application was made (if you cannot remember the specific date(s), so state and set forth the approximate date(s));
- (c) describe in detail what you did initially to request employment from the employer;
- (d) describe in detail every subsequent step in the process that you took with regard to the employer, including but not limited to, any interviews you attended, any correspondence you wrote, and any tests or forms you filled out;
- (e) describe in detail the salary, wages and the value of any and all benefits, including but not limited to medical insurance, life insurance, retirement plan benefits and fringe benefits for profit sharing claim health [define]; and
- (f) identify each document which refers or relates to, or upon which you rely in support of, the answers to this Interrogatory.

Interrogatory No. 8. Identify each person whom you know or believe has knowledge or information concerning any allegations in your Complaint, and for each such person, describe in detail the nature of his or her knowledge and information and state how you became aware of that person's knowledge.

Interrogatory No. 9. Identify every physician, chiropractor, obstetrician, psychologist, psychiatrist or other health care personnel from whom you have sought or received counseling or medical treatment from January 1, 2001 to the present, and for each, state the individual's name, address, phone number, date(s) of treatment, nature of the treatment and reason(s) for the treatment.

Interrogatory No. 10. For each health care provider identified in response to Interrogatory No. 9, describe in detail:

- (a) the dates upon which you began and ended treatment with the health care provider;
- (b) the medical care provided, including the name of any medication prescribed by the health care provider and the dates during which you took such medication and any surgical procedures or operations conducted on you by the health care provider;
- (c) any physical therapy program prescribed or overseen by the health care provider; and

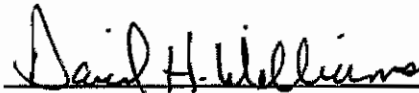
- (d) any work restrictions placed upon you by any health care provider and the dates those restriction were in effect.

Interrogatory No. 11. Identify all civil and administrative actions to which you have been a party or testifying witness, and include all identifying numbers assigned by the agency or court.

Interrogatory No. 12. Describe in detail the factual basis for your allegation in paragraph 6 of the Complaint that on April 12, 2004 you were “released by the Dr. Ross Ufberg to return to work” and identify all documents that refer or relate to this allegation.

Interrogatory No. 13. Describe in detail the factual basis for your allegation in paragraph 16 of the Complaint that on April 13, 2004 you were “cleared for work by the Christiana Care Health Systems Employee Nurse” and identify all documents that refer or relate to this allegation.

Interrogatory No. 14. Identify by name and address, all persons with whom you have had any conversations concerning the allegations in your Complaint, and describe the substance of those conversation(s).



David H. Williams (#616)
dwilliams@morrisjames.com
James H. McMackin, III
jmcmackin@morrisjames.com
MORRIS, JAMES, HITCHENS &
WILLIAMS LLP
222 Delaware Ave., 10th Floor
P.O. Box 2306
Wilmington, DE 19899
302.888.6900/5849

Michael J. Ossip (admitted pro hac vice)
Thomas S. Bloom (admitted pro hac vice)
Kendra L. Baisinger (admitted pro hac vice)
MORGAN, LEWIS & BOCKIUS LLP
1701 Market Street
Philadelphia, PA 19103
215.963.5000
fax: 877.432.9652

Dated: September 6th, 2006

Attorneys for Defendants

EXHIBIT A

a Control Number MCD		1 Wages, tips, other compensation 25040.58	2 Federal income tax withheld 2613.59
		3 Social security wages 26647.64	4 Social security tax withheld 1652.15
		5 Medicare wages and tips 26647.64	6 Medicare tax withheld 386.39

c Employer's name, address, and ZIP code

CHRISTIANA CARE
P O BOX 2653
WILMINGTON DE 19805

7 Social security tips	8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box E 1607.06
12b	12c	12d

b Employer identification number

51-0103684

d Employee's social security number

222-56-5931

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		

e Employee's name, address, and ZIP code

STEPHANIE L FORD
19 ALBANY AVENUE
NEW CASTLE, DE 19720

Form W-2 2002 Copy 2 To Be Filed with Employee's State, City or Local Income Tax Return	15 State Employer's state ID number DE	16 State wages, tips, etc. 25040.58
	Wage and Tax Statement	17 State income tax 724.28
	18 Local wages, tips, etc. 26784.58	
	19 Local income tax 334.80	20 Locality name WILM

STATE OF DELAWARE
SUITE 2
540 S. DUPONT HWY.
DOVER, DE 19901

1 OF 1

1. Employee's name, address, and ZIP code

STEPHANIE L FORD
19 ALBANY AVENUE
NEW CASTLE, DE 19720-1401

12a See instructions for box 12	11 Wages, tips, other compensation	12 Federal income tax withheld
12b	3 Social security wages	4 Social security tax withheld
12c	2646.80	164.10
12d	5 Medicare wages and tips	6 Medicare tax withheld
12e	2646.80	38.38
	7 Social security tips	8 Allocated tips
	9 Advance EIC payment	10 Dependent care benefits
	11 Nonqualified plans	13 Statutory employee Retirement plan Third-party sick pay
	14 Other	
	FLEX/SERV 125	32.21
d Employee's soc. sec. no		
222-56-5931		

15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
DE	516000279	2646.80	69.36			

Form W-2 Wage and Tax Statement 2004 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Department

Department of the Treasury-Internal Revenue Service

W-2 Wage and Tax Statement 2004

Form Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

OMB No. 1545-0008

1 Wages, tips, other compensation	2 Federal income tax withheld
1,820.00	159.3
7 Social security tips	3 Social security wages
	1,820.00
8 Allocated tips	5 Medicare wages and tips
	1,820.00
9 Advance EIC payment	6 Medicare tax withheld
	26.4
10 Dependent care benefits	11 Nonqualified plans
12a	12b
12c	12d
13 Statutory emp Retirement plan Third-party sick pay	14 Other
b Employee's identification number	d Employee's social security number
562436460	222-56-5931
DE	1562436460001
1,820.00	33.10
1,820.00	22.76
Wilmington	

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
DE	1562436460001	1,820.00	33.10	1,820.00	22.76	Wilmington

YOUR BASE PERIOD		BEGINS 01-01-03		ENDS 12-31-03		NAME AND SOCIAL SECURITY NUMBER	
YOUR BENEFIT YEAR		BEGINS 04-13-04		ENDS 04-17-05		L.O. 1 F.C. 10 S L FORD 222-56-5931	
BASE PERIOD QUARTERS AND WAGES						EMPLOYER NAME AND NUMBER	
QRT 1	YR 03	QRT 2	YR 03	QRT 3	YR 03	QRT 4	YR 03
778.30		3378.34		649.79		ST FRANCIS HOSPITAL INC	
5926.32		5926.32		5926.32		* AFFIDAVIT * 000070019	
5926.32		5926.32		5926.32		CHRISTIANA CARE HEALTH SV	
TOTAL WAGES 28512.21		MAX BENEFITS 8,580.00		WBA 330.00		DURATION 26 WEEKS 330 LAST WK	
CLAIMANT ADDRESS						NEW CASTLE DE 19720	
S L FORD 19 ALBANY AVE							

MESSAGE

PROCESS DATE
04-28-04

REDET
X

CLAIM DATE
04-18-04

DELAWARE DEPARTMENT OF LABOR

MONETARY DETERMINATION

YOUR BASE PERIOD		BEGINS 01-01-03	ENDS 12-31-03	NAME AND SOCIAL SECURITY NUMBER	
YOUR BENEFIT YEAR		BEGINS 04-13-04	ENDS 04-17-05	L.O.1 S L FORD	F.C. 10 222-56-5931
BASE PERIOD QUARTERS AND WAGES					
QRT 1	YR 03	QRT 2	YR 03	QRT 3	YR 03
		778.80		3378.34	694.79
TOTAL WAGES 4851.93		MAX BENEFITS 2,340.00		WBA 90.00	DURATION 26 WEEKS 90 LAST WK
				EMPLOYER NAME AND NUMBER ST FRANCIS HOSPITAL INC 000070027	
				CLAIMANT ADDRESS S L FORD 19 ALBANY AVE NEW CASTLE DE 19720	

MESSAGE

REVISED DETERMINATION

PROCESS DATE
04-22-04REDET
XCLAIM DATE
04-18-04

DELAWARE DEPARTMENT OF LABOR

MONETARY DETERMINATION

FORM UC
DOC NO. 60-06/97/K

YOUR BASE PERIOD		BEGINS 01-01-03	ENDS 12-31-03	NAME AND SOCIAL SECURITY NUMBER	
YOUR BENEFIT YEAR		BEGINS 04-18-04	ENDS 04-17-05	L.O.1 S L FORD	F.C. 10 222-56-5931
BASE PERIOD QUARTERS AND WAGES					
QRT 1	YR 03	QRT 2	YR 03	QRT 3	YR 03
		778.80		3378.34	694.79
5926.32		5926.32		5926.32	5926.32
TOTAL WAGES 28557.21		MAX BENEFITS 8,580.00		WBA 330.00	DURATION 26 WEEKS 330 LAST WK
				EMPLOYER NAME AND NUMBER ST FRANCIS HOSPITAL INC 000070027 * AFFIDAVIT * 000070019 CHRISTIANA CARE HEALTH SV	
				CLAIMANT ADDRESS S L FORD 19 ALBANY AVE NEW CASTLE DE 19720	

MESSAGE

REVISED DETERMINATION

PROCESS DATE
04-26-04REDET
XCLAIM DATE
04-18-04

	36.500	368.18	◀ TOTALS ▶	63.91	783.

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND BROWN ARE PRESENT.

Catholic Health East
St. Francis Hospital
7th & Clayton Sts, PO Box 2500
Wilmington, DE 19805-0500

184035
Advice Number

PAY ***VOID***VOID***VOID***VOID***VOID***VOID***

DATE	AMOUNT
12/16/04	\$ 304.27

TO THE STEPHANIE FORD
ORDER
OF

Void After 90 Days

****THIS IS NOT A CHECK****

NAME FORD, STEPHANIE		EMPLOYEE NUMBER 222-56-5931		DEPT. 05.8460	DATE 12/16/04	CHECK/D.D. NUMBER 184035	
CURRENT EARNINGS 368.18	CURRENT TAXES 63.91	CURRENT DEDUCTS	CURRENT NET PAY 304.27	PAY PER ENDING 12/11/04	DESCRIPTION	TAXES/DEDUCTS	YEAR TO DA
YTD EARNINGS 3903.70	YTD TAXES 783.54	YTD DEDUCTIONS	YTD NET PAY 3120.16	RATE 9.170	FICA OASDI	22.83	242.
					FICA MEDICARE	5.34	56.
					FEDERAL TAX	26.62	358.
					DE STATE TAX	4.52	77.
					BIT TAX WILMI	4.60	48.
DESCRIPTION		HOURS	EARNINGS	AVAILABLE BENEFIT HRS.			
REG 1 (2)		17.000	171.48				
REG 1 (6)		19.500	196.70				
Direct Deposit							
21087004-S			25.00				
5606174243-C			279.27				

NAME FORD, STEPHANIE		EMPLOYEE NUMBER 222-56-5931		DEPT. 05.8460		DATE 12/02/04		CHECK/D.D. NUMBER 182491	
CURRENT EARNINGS 358.09	CURRENT TAXES 61.61	CURRENT DEDUCTS	CURRENT NET PAY 296.48	PAY PER ENDING 11/27/04		DESCRIPTION		TAXES/DEDUCTS	YEAR TO DA
YTD EARNINGS 3535.52	YTD TAXES 719.63	YTD DEDUCTIONS	YTD NET PAY 2815.89	RATE 9.170		FICA OASDI		22.20	219.
						FICA MEDICARE		5.19	51.
						FEDERAL TAX		25.61	331.
						DE STATE TAX		4.13	73.
						EIT TAX WILMI		4.48	44.
DESCRIPTION		HOURS	EARNINGS	AVAILABLE BENEFIT HRS.					
REG 1 (2)		16.000	161.39						
REG 1 (6)		19.500	196.70						
Direct Deposit									
21087004-S			25.00						
5606174243-C			271.48						
						</			

Earnings Statement



Check #: 54721

STEPHANIE FORD
19 ALBANY AVE
NEW CASTLE, DE 19720

Gross Pay Year To Date	Gross Pay This Period	Total Deductions This Period	Net Pay This Period
\$1,054.00	\$306.00	\$31.13	\$274.87

Earnings Statement



Check #: 52007

STEPHANIE FORD
19 ALBANY AVE
NEW CASTLE, DE 19720

Gross Pay Year To Date	Gross Pay This Period	Total Deductions This Period	Net Pay This Period
\$935.00	\$365.50	\$42.20	\$323.30

Payroll Direct Deposit Advice

JACK MARKELL
STATE TREASURER

State of Delaware
Payroll Account
540 S. Dupont Hwy. Suite 3
Dover DE 19901

ADVICE DATE
06/23/2006

ADVICE NUMBER
4488684

Non-Negotiable

DEPOSIT AMOUNT
601.25

953300300 33-392
Stephanie L Ford
19 Albany Avenue
New Castle DE 19720

DIRECT DEPOSIT DISTRIBUTION		
Account Type	Account Number	Deposit Amount
Savings		20.00
Checking		581.25
Total:		601.25

STATE OF DELAWARE

Pay Group: State of Delaware Advice #: 4488684
Pay Begin Date: 05/28/2006 Check #: 0000000
Pay End Date: 06/10/2006 Advice Date: 06/23/2006

Stephanie L Ford		Employee ID: 082952	TAX DATA:		Federal	DE State
19 Albany Avenue		Department: Christina School Distric	Marital Status:	Single	Single	
New Castle DE 19720		Location: Glasgow High School	Allowances:	0	0	
SSN:		Job Title: Custodian Plant Oper & Maint	Addl. Pct.:			
		Pay Rate: 873.423040 Biweekly	Addl. Amt.:			

HOURS AND EARNINGS							TAXES		
Dept. ID	Earnings Description	Rate	Current		YTD		Description	Current	YTD
			Hours	Earnings	Hours	Earnings			
953300300	RegularPay		80.00	873.42	1312.50	13,280.12	Fed Withholding	96.16	1,598.99
953300300	OptnFlexCr			10.35		51.75	Fed FICA Med Hospita	12.67	195.86
953300300	ProgFlexCr			37.09		185.45	Fed OASDI/Disability	54.15	837.45
							DE Withholding	25.76	446.07
Total:			80.00	920.86	1,312.50	13,517.32		188.74	3,078.37

BEFORE TAX DEDUCTIONS			AFTER TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Medical BT	10.35	124.20	Local 640	14.00	168.00	Medical BT	205.28	2,463.36
SchDentBT	28.96	144.80	MINNLIFE	33.23	429.04			
Vision BT	4.13	20.65						
DistLifeBT	3.62	18.10						
DistLTD BT	0.38	1.90						
DC 457(b)	10.00	290.00						
RegPenCd	26.20	226.63						
Dental BT		80.43						
Total:		83.64	906.71	47.23	597.04	*Taxable	205.28	2,463.36
TOTAL GROSS			FED TAXABLE GROSS			STATE TAXABLE GROSS		
Current:	920.86	837.22	837.22	188.74	150.87	601.25		
YTD:	13,897.41	12,990.70	12,990.70	3,078.37	1,503.75	9,315.29		

NET PAY DISTRIBUTION		
Advice #	4488684	601.25
Check #	0000000	0.00



State of Delaware
Payroll Account
540 S. Dupont Hwy. Suite 3
Dover DE 19901

Payroll Direct Deposit Advice

JACK MARKELL
STATE TREASURER

ADVICE DATE

05/26/2006

ADVICE NUMBER

4413983

Non-Negotiable

DEPOSIT AMOUNT

601.24

953300300 33-392
Stephanie L Ford
19 Albany Avenue
New Castle DE 19720

DIRECT DEPOSIT DISTRIBUTION		
Account Type	Account Number	Deposit Amount
Savings		20.00
Checking		581.24
Total:		601.24

STATE OF DELAWARE

Pay Group: State of Delaware Advice #: 4413983
Pay Begin Date: 04/30/2006 Check #: 0000000
Pay End Date: 05/13/2006 Advice Date: 05/26/2006

Stephanie L Ford 19 Albany Avenue New Castle DE 19720 SSN:	Employee ID: 082952	TAX DATA:	Federal	DE State
	Department: Christina School Distric	Marital Status:	Single	Single
	Location: Glasgow High School	Allowances:	0	0
	Job Title: Custodian Plant Oper & Maint	Addl. Pct.:		
	Pay Rate: 875.423040 Biweekly	Addl. Amt.:		

HOURS AND EARNINGS						TAXES		
Dept. ID	Earnings Description	Rate	Hours	Current Earnings	YTD Hours	YTD Earnings	Description	Current
953300300	RegularPay		80.00	875.42	1152.50	11,533.28	Fed Withholding	96.16
953300300	OptnFlexCr			10.35		31.05	Fed FICA Med Hospita	12.67
953300300	ProgFlexCr			37.09		111.27	Fed OASDI/Disability	54.15
							DE Withholding	25.76
Total:			80.00	920.86	1,152.50	11,675.60		188.74

BEFORE TAX DEDUCTIONS			AFTER TAX DEDUCTIONS			EMPLOYER PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Medical BT	10.35	103.50	Local 640	14.00	140.00	Medical BT	205.28	2,052.80
SchDentBT	28.96	86.88	MINNLIFE	33.23	362.58			
Vision BT	4.13	12.39						
DistLifeBT	3.42	10.86						
DistLTD BT	0.38	1.14						
DC 457(b)	10.00	270.00						
RegPenCd	26.21	174.23						
Dental BT		80.43						
Total:			83.65	739.43	47.23	502.58	*Taxable	205.28
TOTAL GROSS			FED TAXABLE GROSS			STATE TAXABLE GROSS		
Current:	920.86	837.21	TOTAL TAXES			TOTAL DEDUCTIONS		
YTD:	12,055.69	11,316.26	TOTAL PAY			NET PAY		
			Current:	130.88	601.24	YTD:	1,242.01	8,112.78

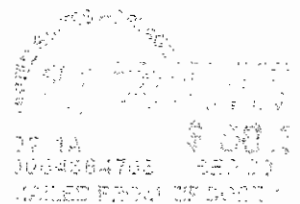
Not using the State of DE 457 Plan YET?! ENROLL NOW and CATCH the MATCH in 2006!

NET PAY DISTRIBUTION		
Advice #	4413983	601.24
Check #	0000000	0.00
Total:		601.24

REMOVE SIDE EDGES FIRST,
THEN FOLD, CREASE AND TEAR THIS STUB ALONG PERFORATION



3606 Horizon Drive
King of Prussia, PA 19406



STEPHANIE L FORD 159083
19 ALBANY AVE
NEW CASTLE, DE 19720

19720#1401



↑ REMOVE DOCUMENT ALONG THIS PERFORATION ↑

Hours			OT					Earnings	Mail From Kop -	Checks	13
Wk End	Type	Rate	Rate	Reg	OT	DT	Xmpt	Type	Taxable	Non Tax	YTD
07/29/04	Training	8.75		8.00				Hours/Sal Pd	280.00		280.00
08/05/04	Regular	8.75		16.00				Total	280.00	0.00	280.00
08/05/04	Training	8.75		8.00							
	Total			32.00	0.00	0.00	0.00				

Taxes

Type	Taxes	YTD
Federal W/H	18.19	18.19
FICA	17.36	17.36
Medicare	4.06	4.06
DE W/H	1.88	1.88
Wilmington W/H	3.50	3.50
Total	44.99	44.99

Deductions

Type	Taxable	Non Tax	YTD
UNIFORMS RENTAL	12.50		12.50
Total	12.50	0.00	12.50

	Current	YTD
Fica Taxable:	\$280.00	\$280.00
Federal Taxable:	\$280.00	\$280.00

Check Date	Period End Date	Net Pay
08/13/04	08/05/04	\$222.51

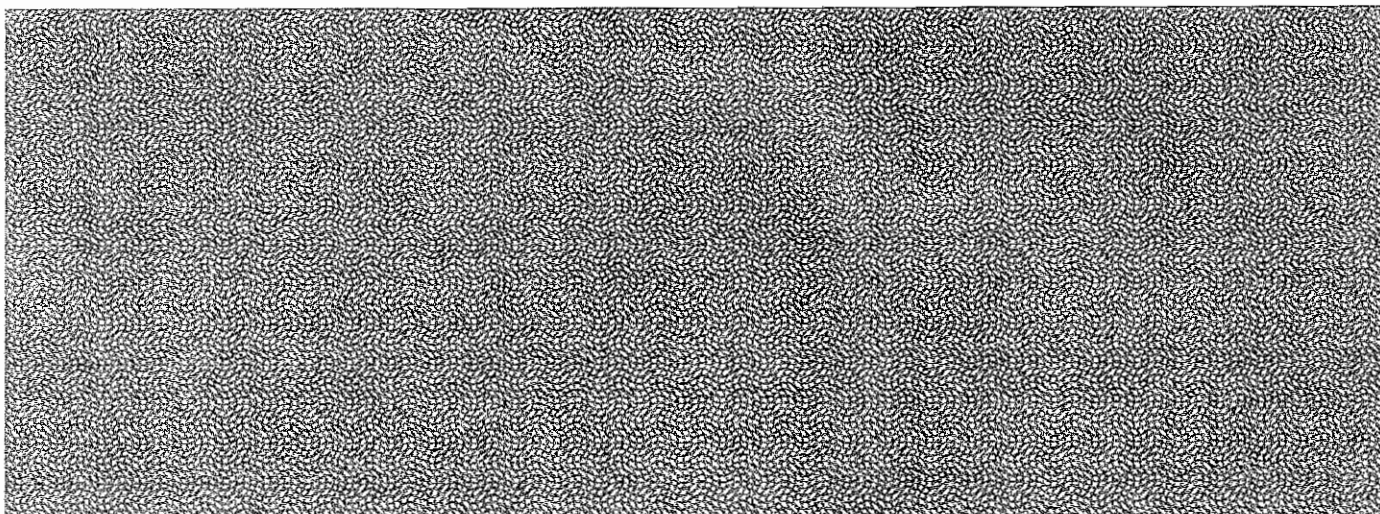
Emp #
159083

Employee Name
Stephanie L Ford

Fed Exempts
0

Status
Single

Check #
3144735



↑ REMOVE DOCUMENT ALONG THIS PERFORATION ↓

Hours	Wk End	Type	Rate	OT Rate	Reg	OT	DT	Xmpt	Earnings Type	Mail From Kop - Taxable	Checks Non Tax	12 YTD
09/09/04	Regular	8.75		8.00					Hours/Sal Pd	70.00		1,540.00
	Total			8.00	0.00	0.00	0.00		Total	70.00	0.00	1,540.00

Taxes

Type	Taxes	YTD
Federal W/H		141.13
FICA	4.34	95.48
Medicare	1.02	22.34
DE W/H		31.22
Wilmington W/H	0.88	19.26
Total	6.24	309.43

Deductions

Type	Taxable	Non Tax	YTD
UNIFORMS RENTAL	12.50		50.00
Total	12.50	0.00	50.00

	Current	YTD
Fica Taxable:	\$70.00	\$1,540.00
Federal Taxable:	\$70.00	\$1,540.00

Check Date	Period End Date	Net Pay
09/24/04	09/16/04	\$51.26

Emp #	Employee Name
159083	Stephanie L Ford

Fed Exempts	Status	Check #
0	Single	3222153

State of Delaware

Department of Services for Children, Youth and Their Families
Division of Management Services
1825 Faulkland Road
Wilmington, DE 19805

Ford, Stephanie
19 Albany Ave
New Castle, DE 19720

\$457.47 will be deposited to your account, or issued by check, on August 15th of this month in payment for the month of July, 2006 for the following children:

MCI #	Name	Amount
779332	Ford, Adrian	\$457.47

Total Amount: \$457.47
Recoupment: \$0.00
Total: \$457.47

If you see a name on this statement of a child who was not in your care during the month, please contact your coordinator immediately. This payment must be repaid to the Division.

If you do not see the name of a child who was in your care during the month, please contact your child's worker to make arrangements for payment.

If you have any other questions about your payment please call your coordinator.

Provider ID: 222565931

State of Delaware

Department of Services for Children, Youth and Their Families
Division of Management Services
1825 Faulkland Road
Wilmington, DE 19805

Ford, Stephanie
19 Albany Ave
New Castle, DE 19720

\$457.47 will be deposited to your account, or issued by check, on July 15th of this month in payment for the month of June, 2006 for the following children:

MCI #	Name	Amount
779332	Ford, Adrian	\$457.47

Total Amount: \$457.47
Recoupment: \$0.00
Total: **\$457.47**

If you see a name on this statement of a child who was not in your care during the month, please contact your coordinator immediately. This payment must be repaid to the Division.

If you do not see the name of a child who was in your care during the month, please contact your child's worker to make arrangements for payment.

If you have any other questions about your payment please call your coordinator.

Provider ID: 222565931



Administration Building
Drew Educational Support Center
Payroll/Benefits Department

600 N. Lombard Street
Wilmington, DE 19801
(302) 552-2672

FAX: (302) 552-2699
TDD Relay Service: (800) 232-5470
e-mail: mcginnisk@christina.k12.de.us

MEMORANDUM

TO: Stephanie Ford
Glasgow High School

FROM: Kerry E. McGinnis @ 552-2634

SUBJECT: Salary Update

The Payroll and Benefits Department has received notification from Human Resources of your New Hire effective 3/9/06. A Salary Worksheet is attached for your records and a summary of your salary is below (all figures listed are before-tax amounts).

EFFECTIVE DATE: March 9, 2006

ANNUAL SALARY: \$22,709.00

BI-WEEKLY PAYMENT: \$873.42

A one-time adjustment will be posted as listed below.

ADJUSTMENT: \$147.27

ONLY ON PAYPERIOD OF: 3/31/2006

ACTUAL PAY FOR 03/31/06: \$1,020.69

Please feel free to call me at the number above if you should have any questions regarding this information. Thank you and welcome to the Christina School District!

Lillian M. Lowery, Ed.D., Superintendent



A Member of Catholic Health East

7th and Clayton Streets
Wilmington, DE 19805

Phone 302-421-4100
Fax 302-421-4167
www.stfrancishealthcare.org

February 14, 2006

To Whom It May Concern:

This letter is to inform you that Ms. Stephanie Ford worked for St. Francis Hospital as a casual housekeeping aide. Her Length of service was from September 8, 2004 to February 18, 2005.

Please feel free to call if you have any additional questions at (302) 421-4113.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Gonzalez".

**Elizabeth Gonzalez
Human Resources Assistant**



A Member of Catholic Health East

7th and Clayton Streets
Wilmington, DE 19805

Phone 302-421-4100

Fax 302-421-4167

www.stfrancishealthcare.org

August 18, 2004

Ms. Stephanie Ford
19 Albany Avenue
New Castle, DE 19720

Dear Stephanie:

We would like to offer you a position as a Housekeeper in the Environmental Services Department at St. Francis Hospital.

Your status will be casual. As a casual employee you are *not* eligible to participate in health care benefits or the Paid Time Off program. Your casual base rate of pay will be \$9.17/hour.

Your employment is contingent upon the successful completion of the physical examination, receipt of satisfactory references from your previous employers, criminal background check and proof of eligibility to work.

Hospital policy requires that all new employees attend a one-day General Hospital Orientation program within the first two months of employment. You are scheduled to attend:

- General Hospital Orientation on **Tuesday, September 14, 2004** from 8:00 AM to 4:30 PM in Conference Room 104-105 in the Medical Services Building.

If you have any questions, please feel free to give me a call at (302) 421-4105. Congratulations on your new position and welcome to St. Francis Hospital.

Sincerely,

A handwritten signature in cursive script that reads "Jennifer Mignone".
Jennifer Mignone
Human Resources Assistant

CHRISTIANA CARE HEALTH SERVICES, INC.
TAX DEFERRED ANNUITY/MATCHING CONTRIBUTION PLAN
TRANSFER CONFIRMATION

STEPHANIE L FORD
19 ALBANY AVENUE
NEW CASTLE, DE 19720

PROCESS DATE: 12/01/2004

The information below reflects the results of your Automatic Rebalancing Transfer request.

<u>Fund Name</u>	<u>Pre-transfer Balance</u>	<u>Transfer</u>	<u>Post transfer Balance</u>
<u>EMPLOYEE</u>			
LNL STABLE VAL	820.08	269.67-	550.41
AMCENT TGT 2005	69.87	69.87-	.00
TOTAL RTN ADMIN	438.15	71.16-	366.99
AM FDS A MUT A	97.64	5.98-	91.66
AM FDS EUPAC A	102.81	11.19-	91.62
AM FDS GRWTH A	133.52	141.69	275.21
DREYFUS APPREC	17.78	73.96	91.74
LIBERTY ACORN Z	19.69	72.05	91.74
MID CAP VAL P	19.69	72.04	91.73
ROYCE TOTL RTN	19.31	72.66	91.97
VK GRW & INCOME	18.73	74.10	92.83
500 INDEX	78.63	78.63-	.00
LOAN 1	4,337.82	.00	4,337.82
<u>EMPLOYER</u>			
LNL STABLE VAL	2,509.97	.00	2,509.97
TOTAL RTN ADMIN	150.67	.00	150.67
AM FDS A MUT A	39.90	.00	39.90
AM FDS EUPAC A	41.13	.00	41.13
AM FDS GRWTH A	118.76	.00	118.76
DREYFUS APPREC	38.14	.00	38.14
LIBERTY ACORN Z	42.10	.00	42.10
MID CAP VAL P	42.80	.00	42.80
ROYCE TOTAL RTN	41.73	.00	41.73
VK GRW & INCOME	40.27	.00	40.27
TOTAL	9,239.19	.00	9,239.19



SECTION I - TO BE COMPLETED FOR ALL REFERRALS BY DEPARTMENT HEAD OR SUPERVISOR (INSTRUCTIONS ON BACK)

NAME (LAST)	NAME (FIRST)	NAME (M.I.)	DATE	(TO BE COMPLETED BY THE TREATING FACILITY)	
				TIME IN	TIME OUT
CITY	DEPT/UNIT	SOCIAL SECURITY NUMBER	JOB TITLE	DATE OF BIRTH	HOME PHONE

MEDICAL AUTHORIZATION:

I understand that Christiana Care maintains information in paper and electronic form.
I authorize EHS to access Christiana Care's information pertinent to my care

SYMPTOM OR PROBLEM:

EMPLOYEE SIGNATURE

1. ☐ OCCUPATIONAL INJURY/ILLNESS - COMPLETE BELOW

2. ☐ NON OCCUPATIONAL INJURY ILLNESS

AUTHORIZE SIGNATURE/SUPERVISOR OR MANAGER:

ACCIDENT OCCURRED	HOSPITAL/SITE	DEPT / UNIT	DATE OF INJURY	HOUR OF DAY	MACHINE, TOOL OR OBJECT CAUSING INJURY / ILLNESS
-------------------	---------------	-------------	----------------	-------------	--

THIS SECTION IS REQUIRED FOR OCCUPATIONAL INJURIES	LOCATION WHERE INJURY OCCURRED	DATE SUPERVISOR NOTIFIED	SUPERVISOR'S NAME	PHONE:
--	--------------------------------	--------------------------	-------------------	--------

FULL DESCRIPTION OF INJURY (DESCRIBE EXACTLY WHAT HAPPENED IN ORDER OF EVENTS AND WHY IT HAPPENED. INDICATE APPARENT INJURY AND CONDITION OF EQUIPMENT OR APPAREL WHERE SIGNIFICANT)

WITNESS:

SECTION II - TO BE COMPLETED BY PHYSICIAN AND/OR NURSE

[REDACTED]

1. DISPOSITION:

- ☒ CLEARED FOR WORK
☐ SEND HOME
☐ REMAIN ON DUTY

RESTRICTIONS:

15 hr lifting restriction

2. STATUS

☐ OCCUPATIONAL INJURY/ILLNESS
☒ NON-OCCUPATIONAL INJURY/ILLNESS

☐ REVIEW: (Reason)

REFERRED TO:	APPT:	PROVIDER	RETURN VISIT DATE	RTW DATE
				4-13-04

To: Dr. Robert Laskowski
Christiana Care Health Services
Board of Directors
P.O.Box 6001
Newark, Delaware 19718
October 17, 2004

From: Stephanie Ford
19 Albany Ave
NewCastle,De. 19720
(302)658-6740

RE: Consideration of Denial of My Disability Benefits from Unum Provident Insurance
Related to Injuries and Employment Status.

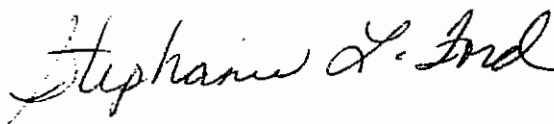
Dear Dr. Laskowski

I am writing this letter to request a special hearing be held with me and my
Representatives; to discuss the action of the Administrative staff of the hospital

In consultation with the insurance company of UmunProvident, has taken regarding
Me and my employment at the hospital.

I request that this meeting be held as soon as possible.

Sincerely yours,

A handwritten signature in cursive script, reading "Stephanie L. Ford".

CC: PF

DEA # _____

ROSS M. UFBERG, M.D.
1021 GILPIN AVENUE
SUITE 101
WILMINGTON, DE 19806
302-575-1776

NAME

Stephanie Ford

ADDRESS

DATE

6/14/04

R (Please Print)

*Ms Ford is cleared
for return to work
effective 6/14/04*

REFILL _____ TIMES

SUBSTITUTION PERMITTED

[Signature] M.D.

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, PRESCRIBER MUST HANDWRITE
'BRAND NECESSARY' OR 'BRAND MEDICALLY NECESSARY' IN THE SPACE BELOW.

ROSS M. JFBERG, M.D.
WILMINGTON PAIN & REHABILITATION CENTER, P.A.
1021 GILPIN AVENUE, SUITE 101
WILMINGTON, DELAWARE 19806
TELEPHONE (302) 575-1776

DISABILITY CERTIFICATE

Date: 5/3/04

To Whom It May Concern:

This is to certify that:

Stephanie Ford

has been under my professional care and was

☒ Totally incapacitated

☐ Partially incapacitated

from job
duties at
St. Francis

from 5/3/04 to 6/20/04 *

secondary to a:

☒ motor vehicle accident on

10/27/03

☐ work accident on

☐ illness

☐ other

Remarks:

Signed:

[Signature]

*patient to be re-evaluated prior to any change in disability status.

DEA # _____

ROSS M. UFBERG, M.D.
1021 GILPIN AVENUE
SUITE 101
WILMINGTON, DE 19806
302-575-1776

NAME

Stephanie Ford

ADDRESS

DATE

4/13/04

R (Please Print)

*Ms Ford is cleared for
return to work with
15 lb lifting restrictions
effective 4/13/04*

REFILL _____ TIMES

SUBSTITUTION PERMITTED

Ross M. Ufberg M.D.

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, PRESCRIBER MUST HANDWRITE
'BRAND NECESSARY' OR 'BRAND MEDICALLY NECESSARY' IN THE SPACE BELOW.

ROSS M. BERG, M.D.
WILMINGTON PAIN & REHABILITATION CENTER, P.A.
1021 GILPIN AVENUE, SUITE 101
WILMINGTON, DELAWARE 19806
TELEPHONE (302) 575-1776

DISABILITY CERTIFICATE

Date: 3/29/04

To Whom It May Concern:

This is to certify that:

Stephanie Ford

has been under my professional care and was

☐ Totally incapacitated

☒ Partially incapacitated

from 4/13/04 to 5/13/04 *

secondary to a:

☒ motor vehicle accident on 10/27/02

☐ work accident on _____

☐ illness

☐ other

Remarks: Part-time work status
4 hours / day at Christian Care

Signed: [Signature]

*patient to be re-evaluated prior to any change in disability status.

ROSS M. JFBERG, M.D.
WILMINGTON PAIN & REHABILITATION CENTER, P.A.
1021 GILPIN AVENUE, SUITE 101
WILMINGTON, DELAWARE 19806
TELEPHONE (302) 575-1776

DISABILITY CERTIFICATE

Date: 3/29/04

To Whom It May Concern:

This is to certify that:

Stephanie Ford

has been under my professional care and was

☐ Totally incapacitated

☒ Partially incapacitated

from 4/13/04 to 5/13/04 *

secondary to a:

☒ motor vehicle accident on 10/27/02

☐ work accident on _____

☐ illness

☐ other

Remarks: Part-time work status
4 hours / day at Christine Case

Signed: [Signature]

*patient to be re-evaluated prior to any change in disability status.

ROSS M. UFBERG, M.D.
 WILMINGTON PAIN & REHABILITATION CENTER, P.A.
 1021 GILPIN AVENUE, SUITE 101
 WILMINGTON, DELAWARE 19806
 TELEPHONE (302) 575-1776

DISABILITY CERTIFICATE

Date: 3/29/04

To Whom It May Concern:

This is to certify that:

Stephanie Ford

has been under my professional care and was

☒ Totally incapacitated

☐ Partially incapacitated

from job duties at St. Francis

from 4/13/04 to 5/13/04 *

secondary to a:

☒ motor vehicle accident on 10/27/03

☐ work accident on _____

☐ illness

☐ other

Remarks: _____

Signed: Barry Longma

*patient to be re-evaluated prior to any change in disability status.

ROSS M. UFBERG, M.D.
 WILMINGTON PAIN & REHABILITATION CENTER, P.A.
 1021 GILPIN AVENUE, SUITE 101
 WILMINGTON, DELAWARE 19806
 TELEPHONE (302) 575-1776

DISABILITY CERTIFICATE

Date: 3/29/04

To Whom It May Concern:

This is to certify that:

Stephanie Ford

has been under my professional care and was

☒ Totally incapacitated

☐ Partially incapacitated

from 3/29/04 to 4/12/04

secondary to a:

☒ motor vehicle accident on 10/27/03

☐ work accident on _____

☐ illness

☐ other

Remarks: _____

Signed: Barry Longma

*patient to be re-evaluated prior to any change in disability status.

ROSS M. JFBERG, M.D.
WILMINGTON PAIN & REHABILITATION CENTER, P.A.
1021 GILPIN AVENUE, SUITE 101
WILMINGTON, DELAWARE 19806
TELEPHONE (302) 575-1776

DISABILITY CERTIFICATE

Date: 2/23/04

To Whom It May Concern:

This is to certify that:

Stephanie Ford

has been under my professional care and was

☒ Totally incapacitated

☐ Partially incapacitated

from 2/23/04 to 3/29/04 *

secondary to a:

☒ motor vehicle accident on 10/27/03

☐ work accident on _____

☐ illness

☐ other

Remarks: _____

Signed: _____

Ross M. Jfberg

*patient to be re-evaluated prior to any change in disability status.

ROSS M. C. BERG, M.D.
WILMINGTON PAIN & REHABILITATION CENTER, P.A.
1021 GILPIN AVENUE, SUITE 101
WILMINGTON, DELAWARE 19806
TELEPHONE (302) 575-1776

DISABILITY CERTIFICATE

Date: 1/20/04

To Whom It May Concern:

This is to certify that:

Stephanie Ford

has been under my professional care and was

☒ Totally incapacitated

☐ Partially incapacitated

from 1/20/04 to 2/23/04 *

secondary to a:

☒ motor vehicle accident on 10/27/03

☐ work accident on _____

☐ illness

☐ other

Remarks: _____

Signed: [Signature]

*patient to be re-evaluated prior to any change in disability status.

ROSS M. URBURG, M.D.
WILMINGTON PAIN & REHABILITATION CENTER, P.A.
1021 GILPIN AVENUE, SUITE 101
WILMINGTON, DELAWARE 19806
TELEPHONE (302) 575-1776

DISABILITY CERTIFICATE

Date: 12/22/03

To Whom It May Concern:

This is to certify that:

Stephanie Ford

has been under my professional care and was

☒ Totally incapacitated

☐ Partially incapacitated

from 12/22/03 to 1/20/04 *

secondary to a:

☒ motor vehicle accident on 10/27/03

☐ work accident on _____

☐ illness

☐ other

Remarks: _____

Signed: [Signature]

*patient to be re-evaluated prior to any change in disability status.

ROSS M. L. BERG, M.D.
WILMINGTON PAIN & REHABILITATION CENTER, P.A.
1021 GILPIN AVENUE, SUITE 101
WILMINGTON, DELAWARE 19806
TELEPHONE (302) 575-1776

DISABILITY CERTIFICATE

Date: 12/4/03

To Whom It May Concern:

This is to certify that:

Stephanie Ford

has been under my professional care and was

☒ Totally incapacitated

☐ Partially incapacitated

from 12/4/03 to 1/4/04 *

secondary to a:

☒ motor vehicle accident on 10/27/03

☐ work accident on _____

☐ illness

☐ other

Remarks: _____

Signed: Barry H. Berg

*patient to be re-evaluated prior to any change in disability status.

ROSS M. UFBERG, M.D.
WILMINGTON PAIN & REHABILITATION CENTER, P.A.
1021 GILPIN AVENUE, SUITE 101
WILMINGTON, DELAWARE 19806
TELEPHONE (302) 575-1776

DISABILITY CERTIFICATE

Date: 11/10/03

To Whom It May Concern:

This is to certify that:

Stephanie Ford

has been under my professional care and was

☒ Totally incapacitated

☐ Partially incapacitated

from 11/10/03 to 12/5/03 *

secondary to a:

☒ motor vehicle accident on 10/27/03

☐ work accident on _____

☐ illness

☐ other

Remarks: _____

Signed: Don L. Ufberg MD

*patient to be re-evaluated prior to any change in disability status.

ROSS M. UFBERG, M.D.
WILMINGTON PAIN & REHABILITATION CENTER, P.A.
1021 GILPIN AVENUE, SUITE 101
WILMINGTON, DELAWARE 19806
TELEPHONE (302) 575-1776

DISABILITY CERTIFICATE

Date: 10/30/03

To Whom It May Concern:

This is to certify that:

Stephanie Ford

has been under my professional care and was

☒ Totally incapacitated

☐ Partially incapacitated

from 10/27/03 to 11/16/03 *

secondary to a:

☒ motor vehicle accident on 10/27/03

☐ work accident on _____

☐ illness

☐ other

Remarks: _____

Signed: Ross M. Ufberg

*patient to be re-evaluated prior to any change in disability status.

Name Stephanie Ford

Week of 4

Dates 5/18/04 to 5/21/04

INTENSIVE JOB SEARCH LOG

Please provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax transmittal form, copy of newspaper ad, email address of job listing, copy of website posting, etc. Minimum of 5 job searches per week.

Date Job Title Telephone # / Fax # Company/Contact Name Results

5/21/04 Team Coordinator / Mr. Burton 428-5746 / Christiana Care Hospital / completed application

Notes

5/21/04 Unit Clerk IZ / 428-5746 / Christiana Care Hospital / completed application

Notes

5/21/04 Patient Information Rep. / 428-5746 / Christiana Care Hospital / completed application

Notes

5/21/04 Patient Care Technician / 428-5746 / Christiana Care Hospital / completed application

Notes

5/21/04 X-ray Receiving Clerk / 428-5746 / Christiana Care Hospital / completed application

Notes

Notes

Job Search results verified by:

Date:

Additional Comments:

Name Stephanie Ford

Week 11

Dates 5/24/04 to 5/28/04

INTENSIVE JOB SEARCH LOG

Please provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax transmittal form, copy of newspaper ad, email address of job listing, copy of website posting, etc. Minimum of 5 job searches per week.

Date	Job Title	Telephone # / Fax #	Company/Contact Name	Results
5/28/04	Clerk	(302) 428-5746	Christiana Care Hospital / Burston	Completed application
Notes	My job recruiter is Mr. Rick Burston (302) 428-5746			
5/28/04	Unit Clerk	(302) 428-5746	Christiana Care Hospital / Burston	Completed application
Notes				
5/28/04	Clerk	(302) 428-5746	Christiana Care Hospital / Burston	Completed application
Notes				
5/28/04	Duplicate Operator	(302) 428-5746	Christiana Care Hospital / Burston	Completed application
Notes				
5/28/04	Health Records Clerk	(302) 428-5746	Christiana Care Hospital / Burston	Completed application
Notes				
Job Search results verified by:	Date:			

Additional Comments:

Name Stephanie FordWeek 114Dates 6/31/04 to 6/4/04INTENSIVE JOB SEARCH LOG

Please provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax transmittal form, copy of newspaper ad, email address of job listing, copy of website postings, etc. Minimum of 5 job searches per week.

Date	Job Title	Telephone # / Fax #	Company/Contact Name	Results
6/4/04	OR TECH	(302) 428-5746	Christiana Care Hospital	Pres. Complete application
Notes				
6/4/04	Admin. Asst.	(302) 428-5746	Christiana Care Hospital	Pres. Complete application
Notes				
6/4/04	Clerk II	(302) 428-5746	Christiana Care Hospital	Pres. Complete application
Notes				
6/4/04	Career Development	(302) 428-5746	Christiana Care Hospital	Pres. Complete application
Notes				
6				
Notes				

Job Search results verified by: _____

Date: _____

Additional Comments:

Name Stephanie FordDates 6/7/04 to 6/11/04INTENSIVE JOB SEARCH LOG

Please provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax transmittal form, copy of newspaper ad, email address of job listing, copy of website posting, etc. Minimum of 5 job searches per week.

Date	Job Title	Telephone # / Box #	Company/Contact Name	Results
6/11/04	Home Health Assistant	(302) 428-5746	Christiana Care Hospital	Completed application
Notes	Interview - 6/8/04 clerk position (Christiana Care Hospital) / 505th floor.			
6/11/04	Phone -	(302) 428-5746	Christiana Care Hospital	Completed application
Notes				
6/11/04	Assignment Assistant	(302) 428-5746	Christiana Care Hospital	Completed app
Notes				
6/11/04	Service Assistant	(302) 428-5746	Christiana Care Hospital	Completed app
Notes				
6/11/04	Scheduler	(302) 428-5746	Christiana Care Hospital	Completed app
Notes				
6/12/04	Correctional Officer	(302) 739-5458	The Employee Relations Center	Completed application
Notes				

Job Search results verified by:

Date:

Call Delaware Tech College

Additional Comments:

Have appointment Philadelphia 6/15/04
 Information Session at Delaware Tech
 August 5, 2004
 10:00 To 12:00

Job Search Log Due

06/10/04 (302) 830-5209

0 Modified M.D. 10:00

Name Stephenie FordWeek of 4Dates 6/14/04 to 6/18/04INTENSIVE JOB SEARCH LOG

Please provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax transmittal form, copy of newspaper ad, email address of job listing, copy of website posting, etc. Minimum of 5 job searches per week.

Date	Job Title	Telephone // Fax //	Company/Contact Name	Results
6/15/04	Medical Records Clerk	(302) 451-4000	A.I. Dupont Hospital	Completed Application
Notes	standing order for			
6/15/04	Emergency Mental Services		St. Francis Hospital	Completed Application
Notes				
6/18/04	Home Health Training Program	(302) 428-5746	Christiana Care Hospital	Completed Application
Notes				
6/18/04	Assistant Program	(302) 428-5746	Christiana Care Hospital	Completed Application
Notes				
6/18/04	Security Officer	(302) 428-5746	Christiana Care Hospital	Completed Application
Notes				
6/18/04				
Notes				

Job Search results verified by :

Date:

Additional Comments:

Name Stephanie SpelDates 6/21/04 to 6/25/04INTENSIVE JOB SEARCH LOG

Please provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax (trans. initial form, copy of newspaper ad, email address of job listing, copy of website posting, etc. Minimum of 5 job searches per week.

Date	Job Title	Telephone # / Fax #	Company/Contact Name	Results
6/24/04	Residency Program Assistant /		Christiana Care Hospital /	Completed application
6/24/04	Collection Specialist /		Christiana Care Hospital /	Completed application
6/24/04	Operations Support Specialist /		Delaware Psychiatric Center /	Completed application
6/25/04	Home Health Carester /		Christiana Care Hospital /	Completed application
6/25/04	Expirial Technician /		Christiana Care Hospital /	Completed application
6/25/04	Received Phone call - Mrs. John Judy	428-5768	about Home Health Position 7/1/04	Christiana Care Hospital
b Search results verified by : _____ Date: _____				

Additional Comments:

Searched on: / /

Dates 6/28/04 to 7/1/04

Please provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax transmittal, printout of newspaper ad, email address of job listing, copy of website posting, etc. Minimum of 5 job searches per week.

Interview - 7/2/04 Clerk position / Christiana Care Hospital (Carol)

Notes

Notes

es

5018

Search results verified by:

Index:

Additional Comments:

do-Search-809; Doc

Name Stephanie Frank
 Dates 6/28/04 to 7/1/04

INTENSIVE JOB SEARCH LOG

Please provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax (trans mital denly, copy of newspaper ad, email address of job listing, copy of website posting, etc. Minimum of 5 job searches per week.

Date	Job Title	Telephone // Fax //	Company/Contact Name	Results
Notes	Interview - 7/2/04 Clerk position / Christiana Care Hospital career center			
Notes				
Notes				
Notes				
Notes				
Notes				
Notes				

Job Search results verified by :

Date:

Additional Comments:

Job Search Log Due

Name Stephen Ford

Week ____ of 4

Dates 7/5/04 to 7/9/04**INTENSIVE JOB SEARCH LOG**

Please provide & submit proof of your job search efforts to your Case Manager weekly. Acceptable documentation will be fax transmittal form, copy of newspaper ad, email address of job listing, copy of website posting, etc. Minimum of 5 job searches per week.

Date	Job Title	Telephone # /Fax #	Company/Contact Name	Results
1 <u>7/7/04</u>	<u>clerk</u>	<u>(802) 395-0400</u>	<u>Stratus Service Group</u>	<u>completed application</u>
Notes				
2 <u>7/7/04</u>	<u>Security Officer</u>		<u>Bennett Security Service</u>	<u>completed application</u>
Notes				
3 <u>7/8/04</u>	<u>Security Officer</u>		<u>Allied Security</u>	<u>completed application</u>
Notes				
4 <u>7/8/04</u>	<u>Wootat's Lamp Service</u>		<u>Security Officer</u>	
Notes				
5				
Notes				
6				
Notes				

Job Search results verified by :

Date: _____

Additional Comments:

CARING

EXCELLENCE

INTEGRITY

LEADERSHIP

PRIDE

TEAMWORK

CERTIFICATE OF APPRECIATION



CHRISTIANA CARE

Presented to

STEPHANIE FORD

In Recognition of

FIFTEEN YEARS

of Dedicated and Loyal Service

August, 2002

Charles W. Smith
President

CARING

EXCELLENCE

INTEGRITY

LEADERSHIP

PRIDE

TEAMWORK

CERTIFICATE OF APPRECIATION



MEDICAL CENTER
OF DELAWARE

Presented to

STEPHANIE FORD

In Recognition of

TEN YEARS

of Dedicated and Loyal Service

August, 1997

Charles W. Smith, Jr.
President

CERTIFICATE OF SERVICE

THE UNDERSIGNED HEREBY CERTIFIES
THAT COPIES OF THE FOREGOING
WERE CAUSED TO BE SERVED THIS
October 2, 2006 , UPON THE
FOLLOWING IN THE MANNER INDICATED:

U.S. CERTIFIED MAIL

Kendra L. Baisinger, Esq,
Morgan , Lewis & Bockius LLP,
1701 Market Street
Philadelphia , PA 19103

STEPHANIE LYNN FORD
19 ALBANY AVE.
NEWCASTLE, DELAWARE 19720